19. CORRESPONDENCE ADDRESS Customer Number or Bar Code Label XX Correspondence address below (Inter Customer Notice Alex Barry L. Kelmachter Name BACHMAN & LaPOINTE, P.C. Address 900 Chapel Street, Suite 1201 Citv New Haven State CT Zip Code 06510-2802

Telephone

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. X

Other:

of prior application No.

203-777-6628

Registration No. (Attorney/Agent)

Group Art Unit:

or its equivalent. Form PTO-1449, Other: Refs. (3)

Fax

29,999

203-865-0297

1/29/02 any C Signature Date Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

> I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: U.S. Patent and Trademark Office, P.O. Box 2327, Arlington, VA 22202

January 29, 2002

Nicole Motzer

L. Kelmach

Application Data Sheet, See 37 CFR 1.76

USA

Barry

Divisional

Continuation

Prior application information:

Name (Print/Type)

Country

PTO/SB/17 (11-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

(FE	ı 1	Complete if Known													
	느 [Application Number													
ł	- 1	Filing	Date				`								
1	ſ	First Named In			entor	WARBU	RTON ET	AL.							
l- <u>-</u>	Examiner Name														
Applicant	Group Art Unit														
TOTAL AM	Attorney Docket No. 02-135					02-13	5		<i>)</i>						
METHO	FEE CALCULATION (continued)														
X Check	3. ADDITIONAL FEES														
Deposit A	Large Entity Small Entity Fee Fee Fee Fee Fee Fee Fee Fee Paid														
Deposit Account 02-0184							Fee Fee Fee Fee Description						Fee Paid		
Number							130	205	65	Surchar	ge - late fil	ling fee or oat	th		
Deposit Account	127	50	227	25		rge - late provisional filing fee or									
Name L The Commission	400	400	400	400	cover s										
Charge fee(s	139	130	139	130		glish speci									
Charge any a	112	2,520 920*		2,520 920*		ing a request for ex parte reexamination string publication of SIR prior to									
Charge fee(s	''2	320	2	920	Examin	er action									
to the above identified deposit account FEE CALCULATION							1,840*	113	1.840	Reques	iting public er action				
1. BASIC FILING FEE							110	215	55	Extens	ion for repl				
Large Entity 13	116	400	216	200	Extensi	on for repl									
Fee Fee	Fee Fee Fee Description						920	217	460	Extensi	sion for reply within third month				
101 740	201 370	• • • • • • • • • • • • • • • • • • • •					1,440		720	Extensi	sion for reply within fourth month				
106 330	206 165						1,960		980	Extensi	on for reply	y within fifth n	nonth		
107 510	207 255	· · · · · · · · · · · · · · · · · · ·				119	320		160	Notice	of Appeal				
108 740	208 370	3 370 Reissue filing			fee			220	160	-	a brief in support of an appeal				
114 160 214 80 Provisional filing fee						121	280 1,510		140 1,510		est for oral hearing In to institute a public use proceeding				
	140	110	240	55		n to revive - unavoidable									
SUBTOTAL (1) (\$) 740.00 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE							1,280	241	640		n to revive - unintentional				
Extra Claims Fee from below Fee Paid Total Claims 40 -20** = 20 × 18 = 360							1,280	242	640		saue fee (or reissue)				
							460	243	230	Design	issue fee				
Independent Claims 4 - 3** = 1 x 84 = 84							620	244	310	Plant is	ssue fee				
Multiple Dependent =							130	122	130	Petition	ns to the Commissioner				
Large Entity Small Entity							50	123	50		seing fee under 37 CFR 1.17(q)				
Fee Fee Fee Fee Description						126	180		180		ssion of Information Disclosure Stmt				
Code (\$) 103 18	203 9	•	ns in exces	ss of 20	!	581	40	581	40	Record propert	ing each p y (times nu	atent assignmumber of prop	nent per erties)		
102 84	202 42				cess of 3	146	740	246	370				•		
104 280		42 Independent claims in excess of 3 140 Multiple dependent claim, if not paid					(37 ČFR § 1.129(a))							<u> </u>	
109 84	209 42	** Re	eissue Inde er original	pendent	claims	149	740	249	370	examir	ed (37 CF	al invention to R § 1.129(b))	D D6	<u> </u>	
110 18	210 9		ei onginai eissue claii		ess of 20	179	740	279	370	Reque	it for Conti	nued Examin	ation (RCE)		
1			d over orig	inal pater	il patent		900	169	900	Reque	at for expe	dited examin	ation		
	44.00	Othe	of a design application Other fee (specify)												
		*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)													
**or number	previously	paid, if grea	ater; For R	eissues, .	see above	-Ked	ucea by	Bas)	o Fuing	ree Pa	3	JOSITOTAL	(4) (4)	للسييسي	
SUBMITTED BY Complete (# applicable)															
Name (PrinVType) Barry L. Kelmachter						1	Registra (Attorney	/Agent	2	9,99	9	Telephone	203-777	-6628	
Signature Dany Alengett												Date	1/29/02		

WARNING/Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: U.S. Patent and Trademark Office, P.O. Box 2327, Arlington, VA 22202

January 29, 2002

January 29, 2002 Bate of Signature

Nicole Motzer

EXPRESS MAIL NO.: EL398539104US